

CONNECTICUT UNIFORM POLICE ACCIDENT REPORT FORM PR-1 Rev. 01/01 Please Print or Type

A. WEATHER CONDITION: 1. No Adverse Condition; 2. Rain; 3. Sleet/Hail; 4. Snow; 5. Fog; 6. Blowing Sand, Soil, Dirt or Snow; 7. Severe Crosswinds; 8. Other; 9. Unknown;

B. ROAD SURFACE CONDITION: 1. Dry; 2. Wet; 3. Snow/Slush; 4. Ice; 5. Sand, Mud, Dirt or Oil; 8. Other; 9. Unknown;

C. LIGHT CONDITION: 1. Daylight; 2. Dark-Not Lighted; 3. Dark-Lighted; 4. Dawn; 5. Dusk; 9. Unknown;

D. ACCIDENT OCCURRED ON: 1. Main Roadway; 2. On Ramp; 3. Off Ramp; 4. H.O.V. Lane; 5. Collector - Distributor Roadway; 6. Service or Rest Area; 7. Weigh Station; 8. Connector;

E. OTHER ROADWAY FEATURE: 1. Int. Public Road; 2. Int. Private Road; 3. Int. Residential Dr.; 4. Int. Commercial Dr.; 5. On Bridge; 6. At RR Xing; 7. At Median X Over; 8. At On Ramp; 9. At Off Ramp 0. None

F. MEDIAN BARRIER PENETRATION: 1. Full; 2. Partial; 3. None; 4. Not Applicable;

G. CONSTRUCTION OR MAINTENANCE RELATED: 1. Yes; 2. No;

VEHICLE #1 **H. VEHICLE TYPE** **VEHICLE #2**

02 Automobile 07 Train 13 Passenger Van 19 Truck Tractor Only 25 Other

03 Motorcycle 08 Emergency Vehicle 14 Single Unit Truck (2 Axle, 4 Tire) 20 Tractor Semi-Trailer 26 Unknown

04 Moped-Motor Scooter 09 School Bus 15 Single Unit Truck (2 Axle, 6 Tire) 21 Tractor Double Trailers

05 Pedalcycle 10 Commercial Bus 16 Single Unit Truck (3 or more Axles) 22 Tractor Triple Trailers

06 Taxi 11 Motorhome/Camper 17 Car-Trailer Combination 23 Heavy Vehicle (Unclassifiable)

12 Off Road Vehicle 18 Truck-Trailer Combination 24 Construction/Farm Equipment

OBJECT #1 **TRAFFIC UNIT #1** **J. OBJECT(S) STRUCK** **TRAFFIC UNIT #2** **OBJECT #1**

OBJECT #2 01 Animal other than Deer 11 Fence 21 Traffic Control Device **OBJECT #2**

02 Bank, Ledge, Rock (Off Rd.) 12 Fire Hydrant 22 Traffic Island

03 Bridge Structure 13 Foreign Object on Pavement 23 Tree

04 Building, House 14 Highway Sign, Post, Delineator 24 Underpass Ceiling

05 Catch Basin, Manhole 15 Illumination Pole 25 Utility Pole

06 Const., Barricade, Barrel 16 Impact Attenuator 26 Vehicle Off Road

07 Culvert, Endwall 17 Jersey Barrier 27 Wall

08 Curbing 18 Metal Beam Guide Rail 28 Wire Rope Guidrail **OBJ. #1 LOC**

09 Deer 19 Overhead Sign Support 29 Other **OBJ. #2 LOC**

10 Ditch 20 Railroad Appertunance, Track

TRAFFIC UNIT #1 **K. OBJECT(S) LOCATION** **TRAFFIC UNIT #2**

1 Off Road & Shoulder Ahead 4 On Shoulder, Left 7 On Median Divider

2 In Roadway 5 Off Road & Shoulder, Right 8 Gore Area, Ramp Nose

3 On Shoulder, Right 6 Off Road & Shoulder, Left 9 Over Roadway

L. INVOLVED PERSON IDENTIFIER: 1. Occ. Vehicle #1; 2. Occ. Vehicle #2; P=Pedestrian; W=Witness;

M. INJURY CLASSIFICATION **N. SEATING POSITION** **P. AIRBAG STATUS** **Q. EJECTION STATUS**

K: Fatal Injury 01 Front Seat Left/Motorcycle Driver 1 Deployed 1 Not Applicable

A: Incapacitating Injury (Prevents Return to Normal Activity) 02 Front Seat Middle 2 Not Deployed 2 Totally Ejected

B: Non-Incapacitating Evident Injury 03 Front Seat Right 3 Not Applicable 3 Partially Ejected

C: Possible Injury (Claim of Non-evident Injury) 04 Second Seat Left/Motorcycle Passenger 4 Unknown 4 Trapped

N: Not Injured 05 Second Seat Middle 5 Unknown 5 Unknown

06 Second Seat Right

07 Third Row Behind Driver/Motorcycle Pass.

08 Third Row Behind Front Seat Middle

09 Third Row Right

10 Sleeper Section of Cab (Truck)

11 Enclosed Passenger or Cargo Area

12 Unenclosed Passenger or Cargo Area

13 Trailing Unit

14 Riding on Vehicle Exterior

15 Unknown

O. OCCUPANT PROTECTION SYSTEM USE

1 None Used - Vehicle Occupant

2 Shoulder Belt Only

3 Lap Belt Only

4 Shoulder and Lap Belt

5 Child Safety Seat

6 Helmet/High Visibility Clothing

7 Helmet/No High Visibility Clothing

8 No Helmet/High Visibility Clothing

9 Restraint Use Unknown

L.	M.	N.	NAME AND ADDRESS OF EACH INVOLVED PERSON	Date of Birth	O.	P.	Q.
1			TRAFFIC UNIT #1 OPERATOR OR PEDESTRIAN #1				1
2			TRAFFIC UNIT #2 OPERATOR OR PEDESTRIAN #2				2
3				Month Day Year			3
4				Month Day Year			4
5				Month Day Year			5
6				Month Day Year			6
7				Month Day Year			7

ALL INVOLVED PERSONS

ALL INVOLVED PERSONS

- 01 Turning — Same Direction
02 Turning — Opposite Direction
03 Turning — Intersecting Paths
04 Sideswipe — Same Direction

- 05 Sideswipe — Opposite Direction
06 Miscellaneous — Non-Collision
07 Overturn
08 Angle

- 09 Rear-end
10 Head-on
11 Backing
12 Parking

- 13 Pedestrian
14 Jackknife
15 Fixed Object
16 Moving Object

- 17 Unknown

TRAFFIC UNIT #1

1. None Apply; 2. Vehicle Slowing For; 3. Vehicle Stopped For; 4. Vehicle Skidded Slowing or Stopping For; 5. Vehicle Avoiding;

TRAFFIC UNIT #1

- 01 Vehicle Going Straight
02 Vehicle Negotiating Curve
03 Vehicle on Wrong Side of Road
04 Vehicle Passing Same Direction on Left
05 Vehicle Passing Same Direction on Right
06 Vehicle Passing Improperly Parked Vehicle
07 Vehicle Turning Right from Proper Lane
08 Vehicle Turning Right from Improper Lane
09 Vehicle Turning Left from Proper Lane
10 Vehicle Turning Left from Improper Lane
11 Vehicle Making "U" Turn
12 Vehicle Turning Right from Driveway
13 Vehicle Turning Left from Driveway
14 Vehicle Turning Right on Red Light
15 Vehicle Engaged in Parking Maneuver
16 Occupant Exiting or Entering Vehicle
17 Vehicle Skidding in Roadway

S. VEHICLE MANEUVER PREFIX**T. VEHICLE MANEUVER SUFFIX**

- 18 Vehicle Entering Traffic from Ramp
19 Vehicle Changing One Lane to Exit
20 Vehicle Changing More Than One Lane to Exit
21 Vehicle Changing Lane(s) to Left
22 Vehicle Changing Lane(s) to Right
23 Vehicle Changing More Than One Lane from Entrance
24 Vehicle Backing Along Roadway
25 Vehicle Backing Along Shoulder
26 Vehicle Backing into Roadway
27 Vehicle Backing into Driveway or Side Road
28 Vehicle Being Towed or Pushed
29 Vehicle Traveling on Shoulder
30 Vehicle Engaged in Highway Maintenance
31 Traffic Signal
32 Traffic
33 Traffic Sign
34 Traffic Officer
35 Stopped Vehicle

TRAFFIC UNIT #2**TRAFFIC UNIT #2**

- 36 Parking
37 Parked Vehicle
38 Train
39 Bicycle
40 Motorcycle
41 Other
42 Emergency Vehicle
43 Turn Right
44 Turn Left
45 Mechanical Failure
46 Previous Accident
47 Construction or Maintenance Work
48 School Bus
49 Pedestrian in Road
50 Animal in Road
51 Foreign Object in Road
52 Unknown Reason

TRAFFIC UNIT #1

- 01 Directing Traffic
02 Working in Road
03 Playing in Road
04 Not in Road
05 Emergency Personnel

U. PEDESTRIAN MANEUVER

- 06 Crossing at Intersection With Signal
07 Crossing at Intersection Against Signal
08 Crossing at Unsignalized Intersection
09 Crossing Between Intersections
10 Crossing From Behind Parked Vehicle

TRAFFIC UNIT #2

- 11 Entering or Exiting Vehicle
12 Waiting for, Exiting or Entering School Bus
13 Walking or Jogging in Road
14 Other or Unknown

V. CONTRIBUTING FACTOR APPLIES TO: 1. Traffic Unit #1; 2. Traffic Unit #2; 3. Traffic Unit #3; etc.**W. CONTRIBUTING FACTOR (Select one only)**

- 01 Driving on Wrong Side of Road
02 Speed Too Fast for Conditions
03 Violated Traffic Control
04 Under the Influence
05 Failed to Grant Right of Way
06 Improper Passing Maneuver
07 Improper Lane Change
08 Following Too Closely
09 Slippery Surface
10 Driver Lost Control
11 Animal or Foreign Object in Road
12 Fell Asleep
13 Defective Equipment
14 Driver Illness
15 Driver's View Obstructed
16 Unsafe Tires
17 Unsafe Use of Highway by Pedestrian
18 Unsafe Right Turn on Red
19 Driverless Vehicle
20 Insufficient Vertical Clearance
21 Proper Turn Signal Not Displayed
22 Disabled or Illegally Parked Vehicle
23 Abnormal Road Condition
24 Vehicle Without Lights
25 Traffic Signal Not Operating
26 Vehicle Involved in Emergency
27 Entered Roadway in Wrong Direction
28 Roadway Width Restricted
29 Unknown
30 Unsafe Backing
31 Improper Turning Maneuver

DATA ELEMENTS BELOW APPLY ONLY TO VEHICLES SUBJECT TO MOTOR CARRIER REGULATION**VEHICLE #1****X. DEFECTIVE EQUIPMENT**

1. Brakes; 2. Tires/Wheels; 3. Steering; 4. Suspension/Frame; 5. Lighting; 6. Other; 7. None; 8. Unknown;

VEHICLE #1**Y. NUMBER OF AXLES INCLUDING TRAILERS****VEHICLE #1****Z. CARGO BODY TYPE**

1. Bus; 2. Van/Enclosed Box; 3. Cargo Tank; 4. Flatbed; 5. Dump; 6. Concrete Mixer; 7. Auto Transporter; 8. Garbage/Refuse; 9. Other;

VEHICLE #1**AA. SEQUENCE OF EVENTS****VEHICLE #2****EVENT #1**

- 01 Ran off the Road

- 09 Collision involving Motor Vehicle in Transport

EVENT #1**EVENT #2**

- 02 Jackknife

- 10 Collision involving Parked Motor Vehicle

EVENT #2**EVENT #3**

- 03 Overturn

- 11 Collision involving Train

EVENT #3**EVENT #4**

- 04 Downhill Runaway

- 12 Collision involving Pedalcycle

EVENT #4

- 05 Cargo Loss or Shift

- 13 Collision involving Animal

- 06 Explosion or Fire

- 14 Collision involving Fixed Object

- 07 Separation of Units

- 15 Collision involving Other Object

- 08 Collision Involving Pedestrian

- 16 Other

L.	M.	N.	NAME AND ADDRESS OF EACH INVOLVED PERSON	Date of Birth	O.	P.	Q.
1			TRAFFIC UNIT #1 OPERATOR OR PEDESTRIAN #1				1
2			TRAFFIC UNIT #2 OPERATOR OR PEDESTRIAN #2				2
3				Month Day Year			3
4				Month Day Year			4
5				Month Day Year			5
6				Month Day Year			6
7				Month Day Year			7

ALL INVOLVED PERSONS

ALL INVOLVED PERSONS

Highlighted Areas - Data Computerized in Crash History File

CONNECTICUT UNIFORM POLICE ACCIDENT REPORT										FORM PR-1 REV.12/94									
GPS READINGS: Latitude: _____										Time: _____ Longitude: _____									
DATE OF ACCIDENT Month Day Year										MILITARY TIME									
ACCIDENT SEVERITY <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> PDO										# VEHICLES INVOLVED									
TOWN OR CITY NAME										TOWN CODE									
ACCIDENT OCCURRED ON (Street Name or Route #) AT ITS INTERSECTION WITH (Street Name or Route #)										PAGE # _____ of _____									
IF NOT AT INTERSECTION										FOR DOT USE ONLY POLICE CASE NUMBER									
1. MEASURE DISTANCE _____ (✓ Check Appropriate Boxes) <input type="checkbox"/> Feet <input type="checkbox"/> Tenths of Mile <input type="checkbox"/> Meters <input type="checkbox"/> Kilometers										2. DIRECTION <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West									
3. NAME OF NEAREST INTERSECTING STREET, TOWN LINE OR MILE MARKER _____										Accident Occurred: <input type="checkbox"/> On Private Property <input type="checkbox"/> Parking Lot									
TRAFFIC UNIT #1 <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Contact Vehicle										TRAFFIC UNIT #2 <input type="checkbox"/> Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Contact Vehicle									
OPERATOR #1 or PEDESTRIAN NAME (Last, First, Middle Initial)										OPERATOR #2 or PEDESTRIAN NAME (Last, First, Middle Initial)									
ADDRESS (Street Number & Name)										PROPER LICENSE CLASS <input type="checkbox"/> Yes <input type="checkbox"/> No									
CITY OR TOWN STATE ZIP CODE										SEX <input type="checkbox"/> M <input type="checkbox"/> F									
OPERATOR LICENSE # STATE DATE OF BIRTH Month Day Year										OPERATOR LICENSE # STATE DATE OF BIRTH Month Day Year									
OWNER'S NAME (Enter SAME If Owner is Operator)										OWNER'S NAME (Enter SAME If Owner is Operator)									
ADDRESS (Street Number and Name)										ADDRESS (Street Number and Name)									
CITY OR TOWN STATE ZIP CODE BODY TYPE										CITY OR TOWN STATE ZIP CODE BODY TYPE									
REGISTRATION # STATE VEHICLE YEAR AND MAKE										REGISTRATION # STATE VEHICLE YEAR AND MAKE									
VEHICLE IDENTIFICATION NUMBER										VEHICLE IDENTIFICATION NUMBER									
CARRIER NAME										CARRIER NAME									
CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)										CARRIER ADDRESS (#, Street, City or Town, State, Zip Code)									
SOURCE OF CARRIER NAME <input type="checkbox"/> Shipping Papers/Trip Manifest <input type="checkbox"/> Driver <input type="checkbox"/> Side of Vehicle										SOURCE OF CARRIER NAME <input type="checkbox"/> Shipping Papers/Trip Manifest <input type="checkbox"/> Driver <input type="checkbox"/> Side of Vehicle									
GROSS VEHICLE WEIGHT HAZARDOUS MATERIAL PLACARD REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No 4 Digit # DISPLAYED? <input type="checkbox"/> Yes <input type="checkbox"/> No 1 Digit #										GROSS VEHICLE WEIGHT HAZARDOUS MATERIAL PLACARD REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No 4 Digit # DISPLAYED? <input type="checkbox"/> Yes <input type="checkbox"/> No 1 Digit #									
HAZARDOUS CARGO ENFORCEMENT ACTION TAKEN <input type="checkbox"/> None RELEASED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Arrest <input type="checkbox"/> Written Warning <input type="checkbox"/> Verbal Warning										HAZARDOUS CARGO ENFORCEMENT ACTION TAKEN <input type="checkbox"/> None RELEASED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Arrest <input type="checkbox"/> Written Warning <input type="checkbox"/> Verbal Warning									
STATUTE OR ORDINANCE #S SUBJECT OF ACTION <input type="checkbox"/> Operator <input type="checkbox"/> Carrier <input type="checkbox"/> Owner <input type="checkbox"/> Pedestrian										STATUTE OR ORDINANCE #S SUBJECT OF ACTION <input type="checkbox"/> Operator <input type="checkbox"/> Carrier <input type="checkbox"/> Owner <input type="checkbox"/> Pedestrian									
AUTOMOBILE INSURANCE — NAME — POLICY #										AUTOMOBILE INSURANCE — NAME — POLICY #									
PARTS OF VEHICLE DAMAGED										PARTS OF VEHICLE DAMAGED									
VEHICLE TOWED TO: <input type="checkbox"/> TOWED DUE TO DAMAGE										VEHICLE TOWED TO: <input type="checkbox"/> TOWED DUE TO DAMAGE									
ALL INVOLVED PERSONS										ALL INVOLVED PERSONS									
NAME AND ADDRESS OF EACH INVOLVED PERSON										Date of Birth O. P. Q.									
1. TRAFFIC UNIT #1 OPERATOR OR PEDESTRIAN #1										1									
2. TRAFFIC UNIT #2 OPERATOR OR PEDESTRIAN #2										2									
3. _____										3									
4. _____										4									
5. _____										5									
6. _____										6									
7. _____										7									
8. _____										8									

INDICATE NORTH

TRAFFIC UNIT #		TRAVELING		TRAFFIC UNIT #		TRAVELING	
N	S	E	W	N	S	E	W
<p>1. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE</p> <p>NAME AND ADDRESS OF PROPERTY OWNER</p>				<p>2. DESCRIBE THE NATURE AND EXTENT OF PROPERTY DAMAGE</p> <p>NAME AND ADDRESS OF PROPERTY OWNER</p>			
RANK AND SIGNATURE OF INVESTIGATING OFFICER				OFFICER ID#			
POLICE AGENCY IDENTIFICATION				REPORT DATE			
CASE STATUS				SUPERVISOR			
OPEN				CLOSED			